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21005 7596 10/06/2010

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/716,360	11/18/2003	Robert J. Thomas	H40.2032-001	6678

TITLE OF INVENTION: GAS SYSTEMS AND METHODS FOR ENABLING RESPIRATORY STABILITY

APPN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YRS	\$755	\$300	\$0	\$1055	01/06/2011
EXAMINER	ART UNIT	CLASS-SUBCLASS				

PATL. NIHR. B 3772 122-204180

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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Hamilton, Brook, Smith & Reynolds, P.C.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Beth Israel Deaconess Medical Center, Inc.

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

Issue Fee  
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Mary Lou Wakimura*Date 1/7/2004Typed or printed name Mary Lou WakimuraRegistration No. 31,804

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